Form
1112

RELEASE OF INFORMATION
PHOTOGRAPHY & VIDEO CONSENT FORM

I, **(Parent/Legal Guardian Name):** _____ ,

hereby consent that any still or electronic image and/or audio recording, in which I or my child may appear, may be used by Saint Katharine Drexel parish/school and/or by the Archdiocese of Milwaukee.
I understand that these materials are being used for promotion of St. Katharine Drexel parish/school and/or the Archdiocese of Milwaukee. The images and/or recordings may be used to support directories, recruitment, fundraising, evangelization and other communication efforts.

I release the staff and volunteers and I understand and agree that the use of my picture is not an invasion of privacy. Neither I, nor anyone claiming to be speaking on my behalf, will later object to the Archdiocese's use of this/these photographs.

NAME OF PARENT/ LEGAL GUARDIAN:		**DATE SIGNED:**
NAME OF CHILD/REN:		
HOME PHONE:	**CELL PHONE:**	
ADDRESS:		
CITY:	**STATE:**	**ZIP:**
SIGNATURE OF PARENT/ LEGAL GUARDIAN:		

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

NOTES: